

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

Case Number: PB _____

_____ ☐ an Adult or ☐ a Minor

WAIVER OF NOTICE OF HEARING ON PETITION FOR ANNUAL ACCOUNT FOR _____ to _____

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

I state under oath as follows:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
2. **RELATIONSHIP.** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): _____

3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

Signature

Subscribed and sworn to before me this date: _____, by _____

My Commission Expires: _____

Deputy Clerk/Notary Public